



Innovative Wireless Caption Solution for the deaf or hard of hearing user in need of mobility
EXCLUSIVELY made for the deaf and hard of hearing user ONLY!

FRAUD PREVENTION PROGRAM

Miracom USA is committed to ensuring the integrity of our system as well as protection of the TRS (telecommunications relay service) Fund. We have created the following procedures that **MUST** be followed to qualify for usage of the InnoCaption product. This product is part of a program that is funded by the TRS Fund established to provide functionally equivalent products/services to the deaf and hard of hearing community.

Please NOTE: Miracom's desire is to make the InnoCaption product available to all who qualify as a deaf or hard of hearing user. Our product will be available to everyone that provides proof of a hearing loss. We will provide 14 days of usage to confirm that this product will give you the mobility you desire and the phone captioning you need. It will also allow sufficient time to submit proof of a hearing loss so you have uninterrupted usage of the product. If we do not receive proof of a hearing loss within 14 days, we will be required to halt the service of this FREE captioning to your mobile phone until such time as certified proof has been received by our office.

Eligibility:

- 1) Hearing loss criterion needs to be greater than 40 dB PTA (pure tone average)
 - A. Degree of hearing loss is computed by using a three frequency average. The degree of loss in dB is taken at 500 Hz, 1,000 Hz and 2,000 Hz. The average of these three frequencies is called the Pure Tone Average and it represents the degree of hearing loss a person has expressed in dB.

Hearing Loss Table

PTA	Classification
0-20 dB	Normal
21-40 dB	Mild Loss
41-60 dB	Moderate Loss
61-70 dB	Moderately Severe
71-90 dB	Severe Loss
> 90 dB	Profound Loss

Proof of Eligibility Process:

- 1) Have a licensed hearing professional certify that there is a hearing loss greater than 40 dB PTA
- 2) Send a completed copy of the InnoCaption User Eligibility Form to Miracom USA, Inc via one of the following methods to the attention of our compliance department.
 - A. Scan then email the signed and completed form to compliance@innocaption.com or
 - B. Fax the signed and completed form to fax # 714-985-9252, Attn: InnoCaption Compliance officer
 - C. Send an original of the signed form to Miracom USA, Inc, 2913-C Saturn St, Brea, CA 92821, Attn: InnoCaption Compliance officer

Persons Authorized to Certify Eligibility:

- 1) The following licensed professionals may certify a person's acceptance/ usage of the InnoCaption product.

Audiologist	Physician
Hearing Aid Dispenser	Physician Assistant
Certified Rehabilitation Counselor (CRC)	Nurse Practitioner

**Mail all correspondence to:**

Miracom USA, Inc. (InnoCaption)
2913-C Saturn Street, Brea, CA. 92821
Attn: Compliance officer
compliance@innocaption.com
Fax# 714-985-9252

User Info: (used strictly for purposes of validating proof of a hearing loss for usage of the InnoCaption service)

Last Name		First	M.I.	Maiden	Date of Birth: mm/dd/yyyy
Address		City		State	Zip Code
() -					
Mobile Directory Number (MDN)		E-mail address			
Signature		Printed Name		Date: mm/dd/yyyy	

Certifying Professional: A licensed professional must COMPLETE and SIGN this portion.

I certify that the above named person has the disability marked below with hearing loss in excess of 40 db.
I am licensed to practice as a(n):

- | | | |
|--|---|--|
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Physician | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Hearing Aid Dispenser | <input type="checkbox"/> Certified Rehabilitation Counselor (CRC) | <input type="checkbox"/> Nurse Practitioner |

Within the State of _____, as evidenced by my professional license #: _____

Professional **PRINTED** name: _____

Business address: _____

Phone number: _____ E-mail: _____

As a Professional in the state of _____, I certify that the above named person is: (mark all that applies)

- ☐ Deaf / ☐ Hard of Hearing with a ☐ Cochlear Implant / ☐ Hearing Aid / ☐ None

Signature _____ Date: mm/dd/yyyy